

City of Tempe, AZ

Complaint Procedure Under Title II of The Americans with Disabilities Act

This Complaint Procedure is established to meet the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by any members of the public who wish to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, and programs by the City of Tempe.

The complaint should be made in writing using the attached form and contain the name, address, and phone number of the complainant, as well as information about the alleged discrimination, such as the location, date and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available to persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible, but no later than 60 calendar days after the alleged violation to:

Karl Stephens
ADA Compliance Specialist
City of Tempe Diversity Department
31 East Fifth St., 2nd Floor,
Tempe, AZ 85281
Karl_stephens@tempe.gov
(480) 350-2704
(480) 350-2907 Fax
(480) 350-2750 TTY

Within 15 calendar days after receipt of the complaint, Karl Stephens or his designee will meet with the complainant to investigate the allegations. Karl Stephens or his designee will respond in writing within 15 calendar days of the meeting, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape.

The complainant and/or his/her designee may appeal the decision to the City Manager or his designee within 15 calendar days of receiving the City's response.

Within 15 calendar days after receipt of the appeal, the City Manager or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager or his designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Karl Stephens or his designee, including appeals to the City Manager or his designee, and responses from these two offices will be retained by the City of Tempe per the appropriate records retention schedule.



City of Tempe ADA Complaint Form

Date Filed: _____

Complainant Information:

Name: _____
Address: _____
City: _____
Zip Code: _____
Phone: _____
Email: _____
Preferred Contact: _____

Designee Information: (If appropriate)

Name: _____
Address: _____
City: _____
Zip Code: _____
Phone: _____
Email: _____
Preferred Contact: _____

Details of Complaint

Date of incident: (Must be filed within 60 days of incident) _____

Location of incident: _____

City Department/Employee you spoke with: _____

Complaint Description: (Please provide a brief summary of the situation regarding this ADA complaint. Be sure to include the names of individuals involved and as much detail as possible).

Thank you,

Karl Stephens
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If you would prefer to speak to Karl Stephens directly in lieu of submitting your complaint online, he can be reached Tuesdays, Wednesdays, and Thursdays from 7:30am – 3:00 pm. If you call another time, he will respond on his next available business day.